

Attorney Docket No. P12325

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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MAR 15 2004

Applicant: Espen Skjaeran, et al.

Group Art Unit: 2141

Serial No: 09/677,815

Examiner: Yussuf, Sajid

Filed: October 30, 2000

OFFICIAL

For: **REDUCING SIGNALLING IN AN H.323 NETWORK BY ARRANGING
GATEKEEPERS HIERARCHICALLY**

Via Facsimile - 703-872-9306

Mail Stop NON-FEE AMENDMENT
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313.1450

CERTIFICATE OF MAILING OR TRANSMISSION

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Date: March 15, 2004

Pamela S. Newton

Dear Sir:

AMENDMENT

In response to the Office Action dated December 16, 2003, the Applicant submits the following amendments and remarks:

Amendments to the Specification begin on page 2 of this paper.


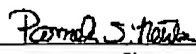
Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 5 of this paper.

Amendment - PAGE 1 of 10
EUS/J/P/04-8633

#8

03/19/04

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): Espen Skjaeran, et al.				P12325	
Serial No.	Filing Date	Examiner	Group Art Unit		
09/677,815	October 30, 2000	Yussuf, Sajid	2141		
Invention: REDUCING SIGNALLING IN AN H.323 NETWORK BY ARRANGING GATEKEEPERS HIERARCHICALLY					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	2	20	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2	3	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. 50-1379 in the amount of \$0.00 A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1379 A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: 3/15/04		
Bill R. Naifeh Reg No. 44,962					
Ericsson Inc. 6300 Legacy Drive, M/S EVR 1-C-11 Plano, TX 75024					
cc:					
<div style="border: 1px solid black; padding: 5px;"><p style="text-align: center;">Certificate of Mailing or Transmission</p><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage by First class in an envelope addressed to Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO, on the date indicated below.</p><p style="text-align: center;"> Signature</p><p>Pamela S. Newton 3/15/04</p><p style="text-align: center;">Depositor's Name and Date</p></div>					

P11LARGE/REV06